

HYDROCARBON STORAGE WELL FACILITY ANNUAL REPORT YEAR _____

Keturn	I	Sansas Departm Bureau of Water ATTN: Cina Po	- Geology Secti		ient	
		000 S.W. Jacks Горека, Kansas				
Facility	Name:					
Facility	Addres	s:				
County:	:	_				
Contact	Person	:				
Telepho	one No.:					
I. 1	List and	Describe any in	cident of abnorr	nal product	loss during the repo	ort year:
_						
			_	•	gs or sonar surveys or s not previously sub	
Wall N		ate of Gamma-	Date of Sonar	Wall No	Date of Gamma-	Date of Sonar

III. List estimated storage capacities (in barrels) for all active wells*:

Well No.	Estimated Storage Capacity in Barrels	Well No.	Estimated Storage Capacity in Barrels

IV. List all storage wells in which product is displaced using fresh water*:

Well Number	Well Number
	Well Number

V. List all wells currently being washed to operating capacity*:

Well Number	Well Number	Well Number

VI. List the volume (in barrels) of product injected and withdrawn for each well or well systems during the reported year*:

Well No.	Volume Product Injected	Volume Product Withdrawn	Well No.	Volume Product Injected	Volume Product Withdrawn

VII. List the well number, the type of product stored and maximum and minimum product storage pressures during the report year*:

Well No.	Type Product Stored	Maximum Pressure	Minimum Pressure	Well No.	Type Product Stored	Maximum Pressure	Minimum Pressure

Signature:		
Title:		
Date:		

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c:/uic forms/hydrocarbon storage well facility annual report

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